

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014260

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

686

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 6 1/2 hours	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9161 Frederick
3. NAME OF DECEASED (Type or print) First Lawrence Middle H. Last Linnemann		4. DATE OF DEATH Month February Day 27 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-22-1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Retired Stationery Engineer		10b. KIND OF BUSINESS OR INDUSTRY Perry Laundry Co.	9. AGE (last birthday) 70
11a. FATHER'S NAME Herman Linnemann		11b. MOTHER'S MAIDEN NAME Mary Nick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) yes WW I		16. SOCIAL SECURITY NO. 6401 W. 7	
17. INFORMANT Mrs. Estella M. Linnemann		18. NAME OF HUSBAND OR WIFE Estella M. Linnemann	
19. CAUSE OF DEATH (Enter only one cause; see PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute cardiovascular collapse		INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Influenzal pericarditis with left ventricular failure		2 days	
DUE TO (c) acute pulmonary edema and			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY St. Louis Co. STATE Missouri
21. I attended the deceased from 1950 to 2-27-63 and last saw her alive on 2-27-63 Death occurred at: 3:45 Pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) H. D. Olson D.O.	
22b. ADDRESS 6401 W. 7		22c. DATE SIGNED 2-27-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-1-63	23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.
24. FUNERAL DIRECTOR Math Hermann and Son, Inc. 2161 E. Fair St. Louis 7, Missouri.		25. DATE RECD. BY LOCAL REG. 2-27-63	26. REGISTRAR'S SIGNATURE John B. Murphy

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R. Brown

Licensed Embalmer No. 5146

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.